

1. Intake Case Number		Court Referral - Child/Juvenile (Law Enforcement Referral)		2. Court Case Number	
3. Child's/Juvenile's Name (Last, First, Middle)		4. Alias/Nickname		5. Age	6. Date of Birth
					7. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
8. Child's/Juvenile's Street Address		City	State	Zip Code	9. County of Residence
					10. Race 1. White 3. Asian 5. Other 2. Black 4. Indian
11. Home Telephone		12. School Attended/Place of Employment			13. Grade/Occupation
14. Legal Father's Name		Address		Marital Status	T E L E P H O N E
15. Legal Mother's Name		Address		Marital Status	
16. Guardian/Legal Custodian/Supervising Agency		Address		Marital Status	
					Work: _____ Home: _____ Work: _____ Home: _____ Work: _____ Home: _____

17. Name of Referring Agency		18. Office Telephone		19. File/Case Number	
20. Prior Record with Referring Agency: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe manner of handling: <input type="checkbox"/> Additional information attached.				21. Name of Referring Officer	
22. Alleged Offenses: <input type="checkbox"/> Additional information attached.					
Date(s)		Statute Number(s)		Offense	
23. Name of Accomplice(s)		Address		Sex	Birth Date
					Mo/Day/Yr
				<input type="checkbox"/> M <input type="checkbox"/> F	Referred to Court/Cited
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Name of Victim and Address				25. Parent(s) Notified: <input type="checkbox"/> No <input type="checkbox"/> Yes	
				26. Date of Referral to Intake Office	
				27. Property loss or medical bills: <input type="checkbox"/> No <input type="checkbox"/> Yes Estimate \$_____	

INTAKE INQUIRY RECOMMENDATION				28. Date Received	
29. Interview Date and Time:		30. Present at Interview:			
31. Custody Authorization: <input type="checkbox"/> Released <input type="checkbox"/> Detained Date: _____ Time: _____ <input type="checkbox"/> Nonsecure: _____ <input type="checkbox"/> Secure: _____				32. Prior Referrals to Intake: <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____ If juvenile alleged "Delinquent" under §938.12, attach prior referrals/disposition report to D.A.'s copy.	
33. Intake Recommendation - Check all appropriate boxes.					
A. Case Closed <input type="checkbox"/> Dismissed - lacks jurisdiction <input type="checkbox"/> Counseled <input type="checkbox"/> Referred to Other County <input type="checkbox"/> Other: (Specify) _____		B. Deferred Prosecution/Informal Disposition Agreement Expires: _____ <input type="checkbox"/> Restitution: \$ _____ <input type="checkbox"/> Supervised Work Program: _____ hrs. <input type="checkbox"/> Informal Supervision <input type="checkbox"/> Other: (Specify) _____		C. Formal Petition Requested <input type="checkbox"/> Ordinance Violation - Civil <input type="checkbox"/> Traffic Offense <input type="checkbox"/> Delinquency <input type="checkbox"/> Waiver <input type="checkbox"/> In Need of Protection/Services under ch. 48 <input type="checkbox"/> In Need of Protection/Services under ch. 938	
34. Comments:					
35. Name of Intake Worker/Agency		36. Signature		37. Telephone	
				38. Date Recommended	